Mental and Social Health Action Plan 2015 and 2016
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Introduction

Tackling the mental health challenges for veterans and their families is a pillar of the Government’s plan for veterans’ affairs.

This commitment is reflected in the expansion and strengthening of the mental and social health programmes purchased and delivered by the Department of Veterans’ Affairs (DVA). We continue to gain considerable insights into mental health as it relates to military service and the experience after transition into civilian life. This enables DVA to adapt services and support to achieve better outcomes for our veteran and ex-service communities.

A key focus for veteran mental health is early intervention. The earlier that a person seeks and obtains treatment for a mental health condition, the better their prospects for recovery. Where mental health conditions do emerge, they can be effectively treated, with many clients going on to lead productive and fulfilling lives.

This Veteran Mental and Social Health Action Plan 2015 and 2016 focuses on the actions that will be undertaken in the next two years to ensure we can deliver the most effective resources and care for the prevention, early intervention and treatment of mental health conditions.

The actions build on a comprehensive range of initiatives that have been implemented by the Government since 2013 to significantly improve access to, and the quality of, mental health care for the veteran and ex-service community.

MILITARY EXPERIENCE AND MENTAL HEALTH

Military service is a unique experience, both for the personnel who serve and their families who support them. Benefits of service include the protective mental health effects of identity, purpose and camaraderie. The occupational risks of service can include hardship, stress or danger, including in operational deployment, in training environments, providing disaster and humanitarian support or during border protection tasks. For service personnel leaving the ADF, the transition into civilian life can also be a period of significant adjustment.

It is normal for people to react to risks or challenging events in their lives but sometimes these reactions are a sign of mental health concerns. In some cases, reactions or symptoms can emerge many years after an event (for instance, posttraumatic stress disorder, or PTSD, can emerge many years after a traumatic event).

Integral to the successful delivery of mental health care for veterans and ex-service personnel, and a principle which underpins the actions of this plan, is understanding and being responsive to the unique military experience.
PREVENTION AND EARLY INTERVENTION

A focus for the Department is promoting health and wellbeing, preventing mental illness and intervening early where problems do emerge. If a veteran or family member is worried about how they are feeling or coping, DVA encourages them to seek help as early as possible and not to wait until the situation becomes overwhelming. Early intervention includes engaging effectively with younger servicemen and servicewomen, particularly as they transition out of the Australian Defence Force and into civilian life. It is important that they can identify mental health issues and know how and where to access help if they need it, either now or into the future when problems may emerge after they have separated from the military.

The Department uses new and innovative ways to improve mental health literacy and encourage self-help. The mental health on-line portal At Ease includes self-help and supportive phone apps, videos of veterans talking about mental health recovery, and information about professional support when it is needed.

DVA also provides health and wellbeing programmes in partnership with the veteran and ex-service community, which focus on healthy lifestyle behaviours such as healthy eating, social connectedness and physical activity. Good social health is important in helping to prevent and recover from mental illness, and to support physical and mental wellbeing generally.

TRANSITION TO CIVILIAN LIFE

DVA works closely with Defence to support military personnel transition from service to civilian life. In terms of mental health, it is important to promote early access to support and treatment if needed. Areas of co-operation between Defence and DVA include addressing when and how claims may be made, so it is easier and more flexible for clients, and reducing the time taken to process claims.

In February 2013, DVA and Defence signed a Memorandum of Understanding (MoU) for the Cooperative Delivery of Care and Support to Eligible Persons. It sets out a lasting, cooperative framework under which the two Departments work together to consider and respond to issues that impact on the care and support of current and former ADF members and their families.
CLIENT ACCESS TO TREATMENT

DVA pays for the treatment of mental health conditions including diagnosed PTSD, anxiety, depression, alcohol use disorder and substance use disorder (in addition to treatment for cancers and tuberculosis), whatever the cause. The mental health condition does not have to be related to service. These arrangements, known as non-liability health care, are available to those who have operational service in the ADF and to many who have more than three years of peacetime service. Those eligible receive a White Treatment Card for access to mental health treatment for the condition.

If a serving or ex-serving member of the ADF has a mental health condition such as PTSD, for reasons related to service, then he or she may also make a claim to DVA for acceptance of liability for that condition. If accepted, then treatment, rehabilitation and compensation may be provided depending upon eligibility. This can include DVA providing the client with a White or Gold Treatment Card for access to health care services.

SERVICES AND SUPPORT

The Government’s funding for veteran mental health treatment is demand driven; it is not capped. DVA wants to ensure that support and mental health treatment is ready, available and suitable to meet client needs. This includes funding for online mental health information and support, GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, trauma recovery programmes for PTSD, and in-patient and out-patient hospital treatment.

Funding is also provided to the Veterans and Veterans Families Counselling Service (VVCS) to deliver free and confidential, nationwide counselling and support to veterans, peacekeepers and families. It provides counselling and support for war and service-related mental health conditions, such as PTSD, anxiety, depression, sleep disturbance and anger. In 2013-14, the VVCS delivered 89,513 counselling sessions to 14,136 clients. In addition, it ran group programmes for 2,074 clients, provided 5,526 intake services that did not lead to counselling and received 7,050 calls on its after hours crisis counselling service, Veterans Line.
DIVERSE CLIENT NEEDS

DVA clients cover a broad spectrum of ages and experiences, including World War II and Vietnam veterans and war widows, as well as the contemporary cohort. The challenge that DVA faces is ensuring that it meets the needs of all those entitled to its services – those who have been with us for many years, those who are accessing our services for the first time and those who will access our services in the future.

We need to support our older cohorts as they transition through their lives, while providing younger veterans with access to effective rehabilitation programs so that they can successfully return to the ADF or transition to new careers if they leave the military. We need to ensure every veteran knows how to access mental health care if they need it and that the quality of treatment they receive is of the highest standard.

Supportive families of veterans can help protect veterans’ mental health and encourage them to seek treatment for mental health concerns when it is needed. At the same time, family members and carers may need their own mental health support. DVA needs to ensure that mental health resources and services are also able to assist partners and families, including through its suite of online resources and the support provided through VVCS.

HONOURING THOSE WHO SERVED

Validation of service and sacrifice is essential to the mental health and wellbeing of all veterans. In 2015, Australia is commemorating the Centenary of Anzac – 100 years since the nation’s involvement in the First World War. This presents an opportunity to remember all of those who have served and acknowledge the deeds they performed for their country.

Early in 2015, Australia marked the completion of Operation Slipper in Afghanistan and honoured the men and women who served there with a welcome home parade. In August 2016, a national commemorative service will be held at the Australian Vietnam Forces National Memorial on Anzac Parade in Canberra, a memorial dedicated to Australians who served, suffered and died in the Vietnam War. Recognition also has been given to veterans of the Indigenous community through commemorative services and NAIDOC events. These and many other commemorative activities provide important support to our veteran and ex-service communities.
There are two strategies to guide veteran mental and social health policy and service delivery. They are the Veteran Mental Health Strategy 2013-2023, and the Social Health Strategy 2015-2023 for the Veteran and Ex-Service Community. A formal and extensive consultation process was undertaken on each strategy, in cooperation with the Department of Defence and other agencies, to enable the veteran and ex-service community and interested stakeholders to contribute to their development.

The strategies set out the objectives to support the mental and social health of veterans, ex-service personnel and their families. Both commit to a supporting action plan, which details the practical steps that the DVA will take to achieve the objectives. This Mental and Social Health Action Plan 2015 and 2016 fulfils that commitment.

The actions in this plan are detailed under six objectives that capture the priority goals of both the mental and social health strategies:

- Deliver quality mental health care
- Promote mental and social health and wellbeing, and foster healthy lifestyles
- Focus on recovery and increase opportunities for participation
- Build capacity of DVA and health providers to support veteran mental health
- Strengthen partnerships
- Build the evidence base

They are designed to meet the diverse needs of DVA’s current and future veteran cohorts and their families, including contemporary veterans, female veterans, Reservists, peacekeepers, aged clients, Vietnam veterans, war widows and carers. DVA recognises there are many different groups within the veteran and ex-service community, and that it needs to deliver mental and social health care that is flexible and responsive to their different needs.

The action plan will be reviewed every two years, noting progress to date and new developments underway. Achievements in implementing the plan will be reported in DVA’s Annual Report.
Our Vision for Mental Health

The Veteran Mental Health Strategy 2013-2023 provides a ten year framework for the delivery of high quality mental health care to the veteran and ex-service community. The strategy ensures DVA remains responsive to the needs of existing clients while continuing to reposition itself in the context of contemporary veterans and their families.

Its objectives are to promote and deliver quality, evidence-based mental health support and services, underpinned by three key principles: prevent, recover and optimise.

Prevention aims to reduce the onset and prevalence of mental health conditions. This means not only early intervention, but also treatment and services to prevent or minimise negative impacts of a mental health condition.

Recovery recognises that some DVA clients will experience a mental health related concern or illness and require treatment, interventions or management. Recovery goes beyond the traditional notion of ‘cure’, and creates opportunities to live personally fulfilling and meaningful lives, even with the presence of symptoms.

Optimisation maximises individual mental health and quality of life. It recognises individual capacity in maintaining and improving physical and mental fitness. The goal is to reach the highest attainable level of mental health and wellbeing.

The actions in this plan are part of a comprehensive mental health care programme provided for the veteran community. The plan also involves the development of new and revised policies and services to address emerging issues, including understanding the prevalence of mental health conditions within the ex-service population, mild traumatic brain injury, dementia, suicide as a national issue affecting all areas of society, alcohol and other substance use treatment, the demands on the volunteer workforce to assist veterans, e-health developments and the impacts of social isolation on mental health.
Our Vision for Social Health

The Social Health Strategy 2015-2023 for the Veteran and Ex-Service Community aims to improve the community's quality of life, achieved through preventing illness where possible, fostering social connectedness and enhancing health and wellbeing.

Lifestyle factors are directly related to a person's chronic disease and health status. The objectives for veteran social health include improving awareness and healthy behaviours, and increasing participation in decision-making and positive lifestyle activities. These objectives are underpinned by three principles: prevent, connect and enhance.

Prevention aims to reduce the occurrence or delay the onset of preventable injury, illness or disease, through education, self-care and strategies to improve poor health behaviours.

Social connectedness helps in the prevention of, and recovery from, mental illness, and supports physical and mental wellbeing more broadly.

The opportunity to enhance one's quality of life and improve health and wellbeing is important to all members of the veteran and ex-service community. Governments, institutions, communities and individuals all have a role to play in supporting and maintaining health and wellbeing.
The Government has implemented significant mental health initiatives to improve the quality and accessibility of services and resources for the veteran and ex-service communities. In July 2014, the Government expanded access to services for the veteran community, including:

- greater access to VVCS services.
- greater access to mental health treatment for eligible veterans and peacetime members whatever the cause (the condition does not have to be related to service).
- a new physical and mental health assessment for ex-serving personnel.

We are beginning to see the results of these initiatives and the benefits of them to the veteran community. There has been a substantial increase in the number of accepted non-liability health care claims. In the six months leading up to 1 July 2014, there were 596 accepted claims compared to 1084 accepted claims in the six months after. This increase means that more veterans are accessing treatment for their mental health condition – whatever the cause.

There also has been increased use of VVCS counselling support. During the period 1 July 2014 to 31 December 2014, a total of 296 newly eligible clients accessed VVCS services including 230 current or former serving members and 66 family members.

Prime Ministerial Advisory Council

In March 2014, the Government established the Prime Ministerial Advisory Council on Veterans’ Mental Health, to strengthen our understanding of military service and its impact on mental health. It is chaired by Vice Admiral Russ Crane AO, CSM, RAN (Ret’d) who is supported by Mr Ben Roberts Smith VC MG as deputy chair. The Council advises on high level and strategic matters relating to the mental health of veterans and their families, and is bringing focus to key issues including vocational rehabilitation, transition management, and peer support.

Claims processing

Timely responsive service for all clients, and for clients with mental health problems in particular, is vital to support their wellbeing and quality of life. DVA has implemented significant changes to improve claims processing times and client support under the Veterans’ Entitlements Act 1986 (VEA), the Military Rehabilitation and Compensation Act 2004 (MRCA) and the Safety, Rehabilitation and Compensation Act 1988 (SRCA).

At the end of 2013-14, when compared to the previous financial year, the time taken to process claims had reduced by four days under VEA, 11 days under MRCA and 11 days under SRCA. At the end of 2014-15, when compared to the previous financial year, the time taken to process claims had reduced by a further three days under VEA, 35 days under MRCA and 20 days under SRCA.

DVA is currently implementing a range of initiatives to streamline processing and further improve claims processing times.
**INNOVATION AND NEW TECHNOLOGIES**

The focus on early intervention has seen the expansion of DVA’s online mental health resources and services. We know that our contemporary veterans are technology savvy, sourcing information online, often using mobile devices. Online platforms are used to promote mental health support including social media channels such as Facebook and YouTube, as well as websites and apps.

Initiatives include:

- The innovative High Res mobile app to help strengthen veteran mental health resilience launched in March 2015.
- A new VVCS website and Facebook page, which, as at the end of January 2015, has grown to a community of over 2,700 people and organisations.

**SUPPORT FOR HEALTH PROVIDERS**

DVA works with mental health professionals so they are attuned to ex-military needs, and provides resources to support their practice. When current and former serving personnel seek help, it needs to be both high quality and well-informed by a strong understanding of the military and post-military experience. DVA has expanded its suite of online educational resources and management tools for health providers, and implemented the following initiatives:

- The Working with Veterans with Mental Health Problems training program for GPs, developed for DVA by Phoenix Australia: Centre for Posttraumatic Mental Health Australia and the Royal Australia College of General Practitioners.
- The Veteran Mental Health Advice Book e-companion, an app for tablet devices which offers interactive assessment and treatment planning.

**RESEARCH TO INFORM POLICY**

The findings of research are used to inform and improve health services provided to serving and ex-serving ADF personnel, and to support their families. The Transition and Wellbeing Research Programme, currently underway, is a joint research programme undertaken by DVA and the Department of Defence. Funded at $5 million over four years, the Transition and Wellbeing Research Programme is the largest and most comprehensive programme of study undertaken in Australia to examine the impact of military service on the mental, physical and social health of serving and ex-serving personnel and their families who have deployed to contemporary conflicts.
Social Health

DVA invests in social health programmes because the research literature shows that good social health supports good mental health and quality of life. If people are engaged with others and their community, look after themselves and seek help early if they need to, their quality of life can be noticeably improved.

Recent initiatives have included an update of the Stepping Out programme to support ADF personnel making the transition to civilian life and the Indigenous Champions Project, which involves working in partnership with the National Rugby League to promote recognition of Indigenous veterans and help to ensure the veterans are aware of their service-related entitlements.

Veterans’ Health Week provides an opportunity for veteran and ex-service community members and their families to participate, connect and influence the health and wellbeing of themselves and friends. This is an annual event with changing themes that centre around health and wellbeing issues relevant to the veteran and ex-service community. In 2015 the theme is focused on mental health, and the programme will be used to raise awareness about mental issues and the resources and services that are available to assist individuals and families who need it.

Peer to Peer Support

There is considerable benefit in well-structured mental health peer support programmes which, when combined with evidence-based treatment, leads to improved quality of life. The Prime Ministerial Advisory Council on Veterans’ Mental Health, in collaboration with DVA and Defence, held a public forum on peer support in November 2014. It provided an opportunity for DVA, emerging and existing ex-service and community mental health organisations and peer support experts to share expertise, experience and information about the role that peer support plays in mental health recovery. These insights are being used to develop a peer to peer mental health support programme.
Responding to Issues

DVA continues to build on its understanding of veteran mental health issues and the impact they can have on the lives of veterans and their families, including homelessness and suicide. This means we must continue to adapt and enhance our policies and programmes to ensure we’re delivering evidence-based, best practice services and support to the community.

Suicide is the leading cause of death in Australia for men under 45 years and women under 35 years (Australian Bureau of Statistics, Causes of Death Australia, 2013). This is why the Government is investing significantly in suicide prevention and mental health more broadly.

The Government’s focus is on developing and delivering programmes to help prevent suicide, build resilience and provide information on how and where to seek help for those at risk of suicide. DVA has a range of suicide awareness and prevention resources, known as Operation Life, that are delivered through an online website and face-to-face workshops run nationally through the VVCS.

In early 2015, DVA commissioned the Australian Institute of Health and Welfare (AIHW) to undertake research that will provide better data on the number of suicides in the former ADF population. AIHW is working with military superannuation data, State Coroners and also the National Death Index to identify the number and prevalence rates of suicide in the defence and veteran community.

Homelessness is another issue of concern to DVA. This is a complex issue and tends to be associated with a range of factors, often in combination, such as housing crisis, family breakdown, alcohol and/or substance use disorders and mental health issues. DVA considers the current estimate for veteran homelessness is in the order of 200 to 300. However, more work is underway to obtain a greater understanding of the prevalence and risk factors for homelessness in order to ensure engagement with homelessness service providers is better targeted.

Early intervention is essential in considering this issue and DVA’s focus is on prevention, practical assistance and research. Within the Federal Government, the Department of Social Services has responsibility for policy and funding matters relating to housing and homelessness. While DVA has no direct legislated role, DVA works closely with other government and non-government agencies in identifying and assisting members of the veteran community who are risk of homelessness.
Our Mental and Social Health Programme at a Glance

MENTAL HEALTH SERVICES

- GP, psychologist, social work and other allied mental health care services
- Veterans and Veterans Families Counselling Service (VVCS)
- Psychiatric services
- Pharmaceuticals
- Trauma Recovery Programme - Posttraumatic Stress Disorder (PTSD)
- In-patient and out-patient hospital treatment
- Rehabilitation services

INFORMATION AND SELF-MANAGEMENT

- At Ease online mental health portal for veterans and families
- VVCS website and Facebook page – information on the service’s programmes and support
- The Right Mix website – information resource on alcohol use and issues
- On Track with The Right Mix app – for tracking and managing alcohol use
- High Res website and app to help strengthen veteran mental health resilience
- PTSD Coach Australia – self-management mobile application
- Operation Life online – suicide prevention website
- Mental Health and Wellbeing After Military Service information booklet
- DVA website wellbeing information

RESOURCES FOR MENTAL HEALTH PROVIDERS

- At Ease Professional website
- Mental Health Advice Book
- Evidence Compass website
- Veteran Mental Health Consultation Companion tablet app
- Managing Challenging Behaviours guide
- Understanding the Military Experience e-learning programme
- Case Formulation and Treatment Planning e-learning programme
- VetAware e-learning programme for community nurses
- Working with Veterans with Mental Health Problems e-learning programme for GPs
- VVCS online resources
- ADF Post-Discharge GP Health Assessment Tool
ADVICE AND COMMUNITY PARTNERSHIPS

- Prime Ministerial Advisory Council on Veterans’ Mental Health (PMAC)
- Veteran Mental Health Clinical Reference Group
- VVCS National Advisory Committee
- VVCS Regional Consultative Forums
- Partnerships with ex-service community, family and Defence organisations, to promote mental health literacy
- A range of research partners from Australia’s leading academic institutions and non-for-profit research groups
- Phoenix Australia: Centre for Posttraumatic Mental Health, The University of Melbourne

HEALTH AND WELLBEING PROGRAMMES

- Stepping Out Programme
- VVCS psycho-educational group programmes
- Indigenous Veterans’ Strategy
- Day Club Programme
- Men’s Health Peer Education Programme
- Heart Health Programme, Cooking for 1 or 2
- Veterans Health Week
- Veteran and Community Grants
- Training Information Programme (TIP)
High prevalence mental health issues in veteran community*

THE MAJOR MENTAL HEALTH CONDITIONS IN THE VETERAN COMMUNITY ARE:

- Depression
- Anxiety
- Alcohol and other substance use disorder
- Posttraumatic Stress Disorder (PTSD)

THE WELLBEING AND SUB-CLINICAL ISSUES THAT VETERANS AND FAMILIES CAN COMMONLY PRESENT WITH INCLUDE:

- Managing grief and loss
- Managing anger
- Physical health and its relation to mental health
- Managing comorbid illnesses and conditions
- Relationship and parenting matters
- Sleep disturbance issues

* As indicated by veterans’ claims with DVA and aggregated, de-identified VVCS presentation data.
Commitment to the veteran and ex-service community
Taking action
Key milestones for 2015 and 2016
COMMITMENT TO THE VETERAN AND EX-SERVICE COMMUNITY

Deliver quality mental health care

TAKING ACTION

Enhance standards of mental health care delivery to ensure best-practice, evidence-based treatments.
Increase access to mental health care services and support.
Increase early intervention of developing mental health conditions, including initiatives targeted at members transitioning out of ADF.

KEY MILESTONES FOR 2015 AND 2016

New purchasing framework is established for hospital outpatient day programmes, that requires the provision of best practice, evidence-based interventions.
New national accreditation standards and processes are introduced for Trauma Recovery Programmes – PTSD.
Panel of accredited providers for alcohol and other substance use disorders is appointed to improve community treatment services.
Expansion of VVCS centre and outpost locations to increase client access to mental health counselling.
Transitioning and recently separated members are informed about services and support they can access through DVA and VVCS by:
- On Base Advisory Service advisers;
- DVA Secretary’s letter provided either directly or through the Defence Community Organisation;
- Online, including DVA and VVCS websites, DVAAus Facebook, DVAAus Twitter, VVCS Facebook and Defence’s ForceNet.
Requirements of MOU between Defence and DVA for the Cooperative Delivery of Care and Support to Eligible Persons are delivered.
Resource guide developed to assist GP health assessment post-separation.
Transitioning members’ access to early intervention programmes for mental health is tracked through the Transition and Wellbeing Research Programme, a joint DVA/Defence initiative, being undertaken from 2014 to 2017 by a consortium of Australian academic institutions.
COMMITMENT TO THE VETERAN AND EX-SERVICE COMMUNITY

Promote mental and social health and wellbeing, and foster healthy lifestyles

TAKING ACTION

Use mobile and online technology to provide resources and tools for mental health self-support, building resilience and as an adjunct to treatment.

Use education and promotional campaigns to enhance mental and social health literacy and uptake of available services.

Deliver community programs, for individuals and families that foster healthy lifestyle awareness and choices, and build social connections.

KEY MILESTONES FOR 2015 AND 2016

Online and mobile resources are expanded or redeveloped to be engaging and relevant to audience, including:

- Operation Life suicide prevention website and app, as a supplement to face-to-face workshops.
- The Right Mix – Your Health and Alcohol website

Social media presence on Facebook, Twitter and YouTube is increased.

Developmental research is undertaken to better understand contemporary cohort’s information needs and interests in mental health, to ensure well-targeted and effective communications.

Stepping Out Programme for members recently separated from the Australian Defence Force is updated.

Healthy behaviours, and mental and social health literacy, is promoted through Veterans’ Health Week, Men’s Health Peer Education Programme, Heart Health Program and Cooking for 1 and 2.

Work commences to enhance the Men’s Health Peer Education model to appeal to and meet the needs of other veterans, including female veterans.

Veteran and Community Services Grants are targeted towards proposals that develop sustainable health initiatives.

VVCS suite of treatment and psycho-educational group programmes is updated and enhanced.
COMMITMENT TO THE VETERAN AND EX-SERVICE COMMUNITY

Strengthen capacity of DVA and health providers to support veteran mental health

Build DVA capacity and capability to deliver effective health and wellbeing policy and programmes and to provide best-practice support to clients with mental health conditions.

Expand VVCS service delivery flexibility and reputation as a specialist mental health service.

Support health providers to deliver effective mental health care to veterans and ex-service personnel.

KEY MILESTONES FOR 2015 AND 2016

$10 million initiative to improve DVA’s case coordination is progressed, to better tailor one-on-one support for veterans with complex needs, including mental health conditions. Early intervention assistance also increased for veterans with complex needs, particularly those returning from recent conflicts.

Communications initiative is progressed under the Enhanced Pathways project, which is designed to improve pathways to early treatment for veterans with mental health conditions and to support them during interactions with DVA. Based on client surveys, communications with ADF, transitioning and ex-service members will be improved to tackle issues around reliability and consistency of advice and raising awareness about the full range of available support, at the earliest appropriate time.

The Business Process Improvement Project is implemented to streamline claims processing and reduce times taken to process claims.

Training programmes are delivered to DVA staff about unique military culture and mental health.

Veteran health and wellbeing training is delivered to DVA client contact staff.

Accepted recommendations of a functional review of VVCS are implemented, positioning VVCS to respond effectively to the needs of contemporary veterans and their families.

Updated VVCS clinical policy is released to reflect the contemporary context and changing client demographics.

Online resources for veteran mental health service providers are developed or refreshed, including:

- At Ease Professional website and quarterly newsletter
- Trauma therapy training
- ‘Understanding the Military Experience’ e-training
COMMITMENT TO THE VETERAN AND EX-SERVICE COMMUNITY
Focus on recovery and increasing opportunities to participate

TAKING ACTION

Provide an effective balance between vocational and psycho-social rehabilitation for clients.
Reduce stigma surrounding mental health to encourage early help-seeking, lessen the impact of mental health problems and support recovery.
Deliver social health initiatives, in partnership with the veteran and ex-service community.
Encourage peer support and networking, and provide community-based services.
Support and engage Indigenous veteran communities.

KEY MILESTONES FOR 2015 AND 2016

Rehabilitation Review recommendations are implemented, including a new DVA Rehabilitation Framework based on a multidisciplinary approach that emphasises early intervention, maintains continuity of care through case-management and addresses whole-of-person needs with renewed focus on psycho-social rehabilitation.
Veterans Employment Assistance Initiative pilot is undertaken to help wounded, injured or ill veterans access employment opportunities as part of their recovery.
A 12 month pilot is conducted to trial a peer to peer support network programme to assist client recovery from a mental health condition.
Veteran and Community Grants and health and wellbeing funding are used as incentives for positive changes in ESO settings and to encourage innovation outside of DVA.
Initiatives are implemented under the Indigenous Veterans’ Strategy, including use of Indigenous Champions Program, to engage and support veteran communities.
A review of the extent of homelessness among veterans and the services available to support at-risk clients, including the Crisis Assistance ‘Time Out’ Program, is undertaken.
The above activities include consideration of specific needs for female veterans, peacekeepers and Reservists.
COMMITMENT TO THE VETERAN AND EX-SERVICE COMMUNITY

Strengthen partnerships

TAKING ACTION

Partner with Defence to support members transitioning out of ADF.

Improve consultation between Commonwealth agencies, including Defence, Health and Social Services, and state health departments, to achieve continuity of mental healthcare.

Promote collaboration between primary and allied health providers and ex-service community to deliver coordinated, well-targeted mental health care.

Strengthen links with veteran and ex-service community and create opportunities for them to be engaged in health and wellbeing policy and programme decision-making.

KEY MILESTONES FOR 2015 AND 2016

Regular meetings with Defence’s Joint Health Command are strengthened, including through joint research agenda.

Effective advice and support is provided to:

- Prime Ministerial Advisory Council on Veterans’ Mental Health (PMAC)
- National Aged and Community Care Forum
- Younger Veterans Forum
- The advice and views of members of the above forums are used in designing policy and service responses.

Bi-lateral partnerships with key health and wellbeing organisations are developed.

Partnerships with professional organisations are strengthened so that veteran issues and resources are promoted and integrated into the national workforce development system.

DVA partners with academic institutions and professional associations to deliver training and resources that encourage the practice of evidence-based treatment and increase understanding of the impact of military service on mental health.

Work with not-for-profit organisations including Soldier On and Mates4Mates to learn how their service offering fits with DVA’s approach and strategic goals, and identify opportunities to apply their models to areas of client support such as psychosocial rehabilitation.

Veterans are engaged in project steering committees. This may include social media being used to invite their involvement in contributing ideas and solutions.
COMMITMENT TO THE VETERAN AND EX-SERVICE COMMUNITY

Build the evidence base

TAKING ACTION

Strengthen reporting and evaluation capability
Expand insights into veteran and service personnel health and wellbeing for government, health providers and other stakeholders who support the community.
Use up-to-date evidence-based research to guide policy development and treatment pathways.
Capitalise on opportunities to translate research findings into clinical and non-clinical settings, to ensure evidence-based services are provided.

KEY MILESTONES FOR 2015 AND 2016

VVCS’ Cognitive Processing Therapy (CPT) Project is implemented to determine evidence base and feasibility of introducing intensive prolonged exposure therapy for PTSD treatment. Clinical staff are trained in CPT methodology and, in partnership with Phoenix Australia: Centre for Posttraumatic Mental Health at The University of Melbourne, and the therapeutic approach is evaluated.

The Transition and Wellbeing Research Programme is undertaken into the impact of military service on the mental, physical and social health of serving and ex-service personnel, including Reservists, and their families. It will look at mental health disorders and pathways to care, and include a follow-up on individuals previously identified as being engaged in high risk roles and likely to be exposed to deployment-related trauma or blast injury.

Through the Transition and Wellbeing Research Programme, the knowledge base on mild traumatic brain injury is developed as a priority to inform policy development.

Findings of major research projects are released, and disseminated to relevant stakeholders including health providers and the veteran and ex-service community, to guide policy and programme outcomes.

Knowledge base on dementia is developed as a priority to inform policy development.

DVA partners with the Australian Institute of Health and Welfare (AIHW) to determine prevalence of suicide of former ADF population compared to general community. A literature review into suicide amongst veterans in Australia compared to overseas is also commissioned.

Current Evidence Compass website is expanded to enable health practitioners, researchers and policy makers to access literature reviews on veteran health and wellbeing.

Develop an integrated framework and methodology to measure the outcomes of mental health policy to ensure access to best practice, evidence-based treatment and support.